

239.
48
10
9

251
2
2
2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Logan 15 23

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1571

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. 3112 Park)

Registration District No. 399
Primary Registration District No. 1002

File No. 102
Registered No. 102
St. Ward

2. FULL NAME

Clifford Notman Churchill
(a) Residence. No. 3112 Park St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-6-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 21 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Seymour
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Wm. H. Churchill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Marshall Duff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Indiana

14. INFORMANT Wm. H. Churchill
(Address) 3112 Park

15. FILED 1-13-29 m. m. Crow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11- 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 29, to Jan 11, 19 29
that I last saw him alive on Jan 11, 19 29, and that death occurred, on the date stated above, at 11:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Industrial Obstruction
Acute. Volvulus

CONTRIBUTORY (SECONDARY) 118031
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? and reports
(Signed) Ward H. Leavelle M. D.

(Address) 1-12, 1929 K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fort Scott Kans. DATE OF BURIAL Jan 14, 1929

20. UNDERTAKER Mrs. C. A. Forster ADDRESS K.C. Mo.

3232

Leicant -
Summitt.

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